

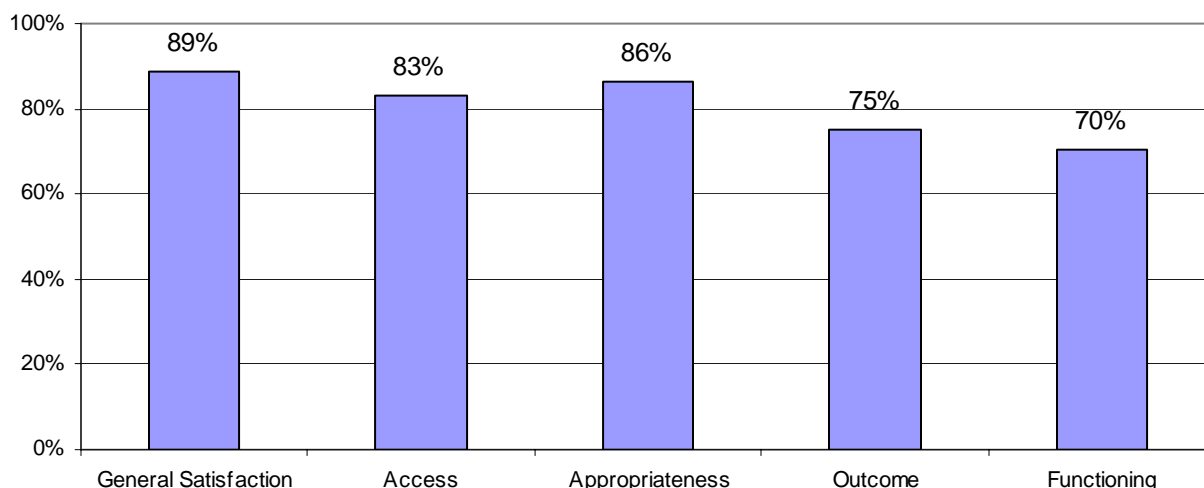
CHAPTER 4: MENTAL HEALTH AND SUBSTANCE USE DISORDERS (MH/SUD) RESPONSES

Consumer and Treatment Characteristics

- A total of 1,270 (17.8%) consumers identified both alcohol or drugs and emotional/mental health as the primary reasons for receiving services from the CSB.
- Ninety-five were between the ages of 21 and 64.
- About 55% were female, 61.1% were White, and 27.8% were Black/African-American.
- With regard to Hispanic origin, about 6% identified themselves as Hispanic.
- The majority were referred by family, friends, or self (36.9%) and courts, law enforcement, or social services (31.0%).
- Over half (55.9%) had been in treatment for more than one year and about 29% were in treatment five months or less.
- In the six months prior to the survey, about 13% had been homeless and 35.5% moved at least one time.
- In the past twelve months, 27.2% had a psychiatric hospitalization, 49.3% had paid employment, and 29.1% had been arrested. In the previous twelve months, 25.7% had been arrested.
- More than eighty-one percent have support in times of crisis, and 84.8% have people with whom to do enjoyable things. About 77% are satisfied with their friendships, and sixty-nine percent feel a sense of belonging in their community.

Satisfaction On All Domains

Figure 1: MH/SUD Consumer Satisfaction Across Domains



General Satisfaction Domain

- Almost 89% agreed with the statement “I like the services that I receive”.
- About 85% agreed with the statement “If I had other choices, I would still get services from this agency”.
- Over eighty-eight percent reported that they would recommend this agency to a friend or family member.

Access Domain

- About 82% agreed that the location of services is convenient.
- Over eighty-five percent agreed with the statement “Staff are willing to see me as often as I feel it is necessary.”
- About 81% agreed with the statement “Staff returns my calls within 24 hours.”
- Almost 86% agreed that services were available at times that were good for them.

Appropriateness Domain

- Ninety percent agreed with the statement “Staff here believe that I can grow, change, and recover.”
- About 88% agreed with the statement “Staff respect my wishes about who is, and is not, to be given information about my treatment.”
- Almost eighty-two percent reported that staff is sensitive to their cultural background.
- Almost seventy-eight percent reported agreement that staff tell them what medication side effects to watch for.
- About eighty-one percent reported that they feel free to complain.
- Over 88% felt that staff helped them to obtain information needed for the consumer to take charge of managing the illness.

Outcome Domain

- More than seventy-eight percent agreed with the statement “I am better able to control my life”.
- About 81% agreed with the statement “I deal more effectively with daily problems”.
- About 69% reported that they did better at work or school.
- Almost 71% reported that they did better in social settings.
- Nearly 76% reported that they were better able to deal with a crisis.
- About 67% agreed with the statement “My symptoms are not bothering me as much”.

Functioning Domain

- About 75% reported that “I do things that are more meaningful to me.”
- Almost 77% reported that “I am better able to take care of my needs.”
- About 70% reported that “I am better able to handle things when they go wrong.”
- Nearly 73% reported that “I am better able to do things that I want to do.”

Other Survey Items (not included in a domain or Total Satisfaction scoring)

- About 87% reported that they felt comfortable asking questions about their treatment and medication.
- Almost 85% agreed with the statement “I am able to get all the services I think I need.”
- About 74% agreed with the statement “I, not staff, decide my treatment goals.”
- About 65% agreed with the statement “I am satisfied with my living arrangements.”
- Sixty-three percent agreed with the statement “I was encouraged to use consumer run programs.”

Consumer comments:

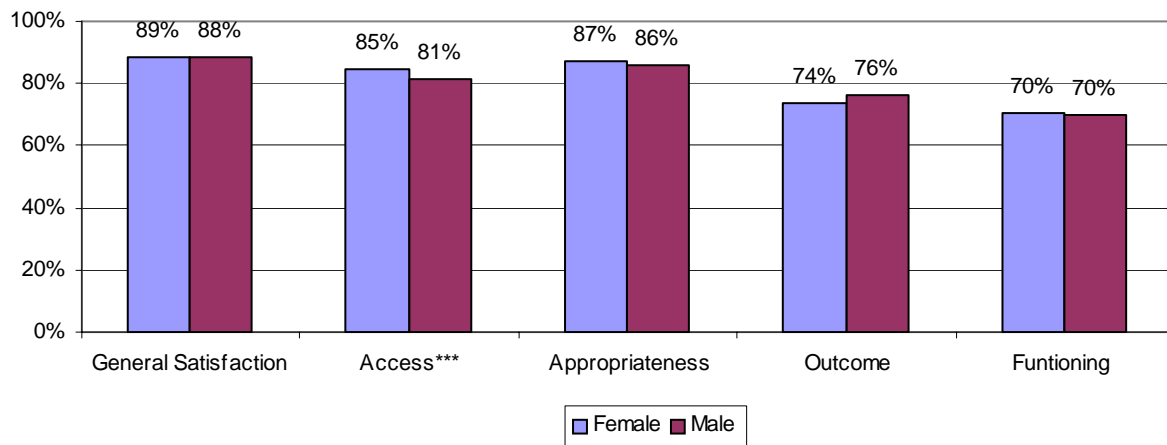
- **“Some people are afraid to talk. It’s because they feel not welcome. They need to feel good and relaxed before talking.”**
- **“I am treated like a person, not a number on a page. First time in years.”**
- **“I feel the doctor I see doesn't really know who I am when he has papers to fill out about me. I hate having to change counselors so many times.”**
- **“Seems difficult to find the help because I'm called "high functioning".**
- **“The staff here is friendly & respectful. The only thing I would change is more hours.”**

Differences Between Groups

Did Satisfaction Differ by Gender?

Female consumers were significantly more likely to report positive perceptions in the Access domain.

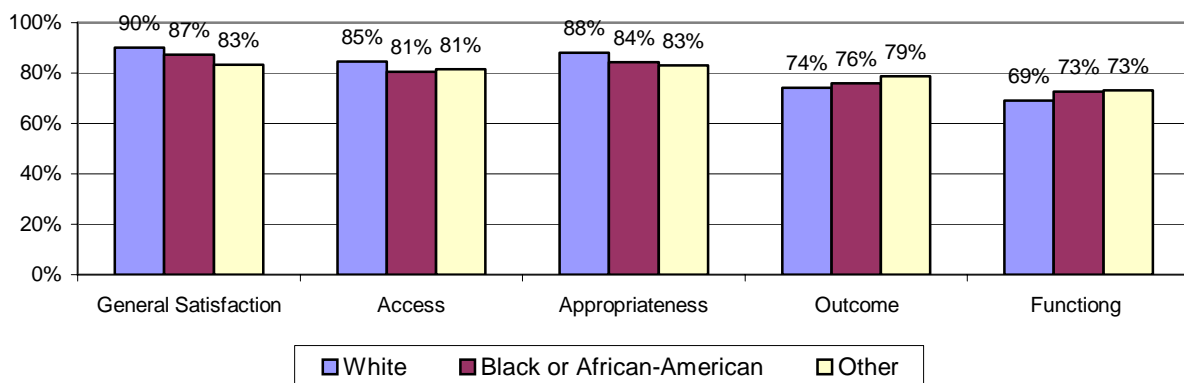
Figure 2: MH/SUD Consumer Satisfaction by Gender



Did Satisfaction Differ by Race?

There were no significant differences in the percentages of positive perceptions between the race categories; however those consumers who identified themselves as White had slightly higher percentages in the General Satisfaction, Access, and Appropriateness domains.

Figure 3: MH/SUD Consumer Satisfaction by Race



*Differences between groups were significant at the $p \leq .05$ level

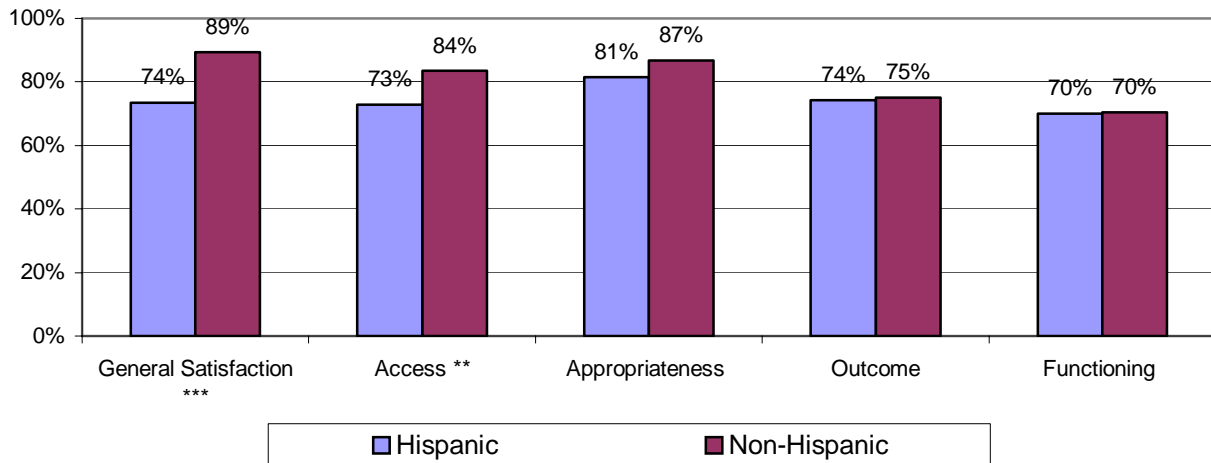
**Differences between groups were significant at the $p \leq .01$ level

***Differences between groups were significant at the $p \leq .001$ level

Did Satisfaction Differ by Ethnicity?

Consumers of mental health and substance abuse services who claimed Hispanic ethnicity reported significantly lower perceptions in the General Satisfaction and Access domains than consumers of non-Hispanic ethnicity.

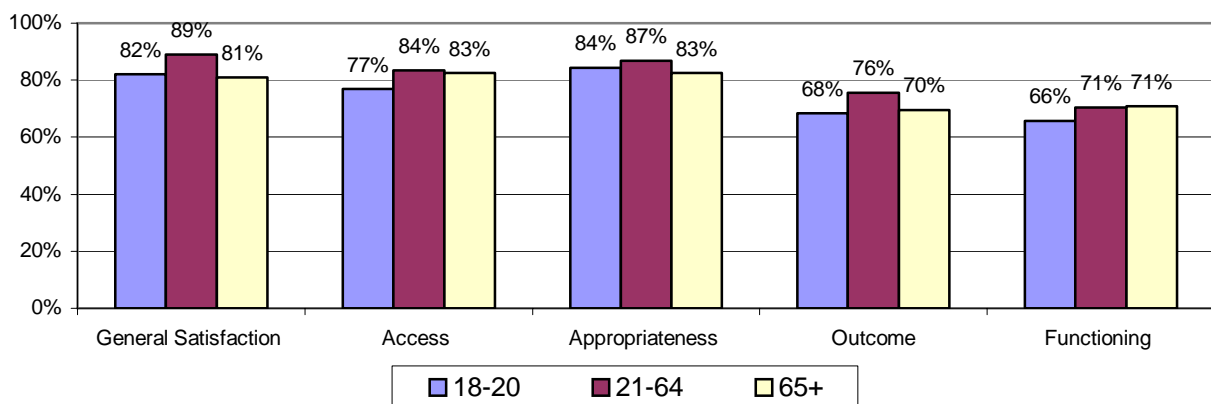
Figure 4: MH/SUD Consumer Satisfaction by Ethnicity



Did Satisfaction Differ by the Age Group of the Consumer?

No statistical difference was noted on any domain for consumers of mental health and substance abuse services in different age categories.

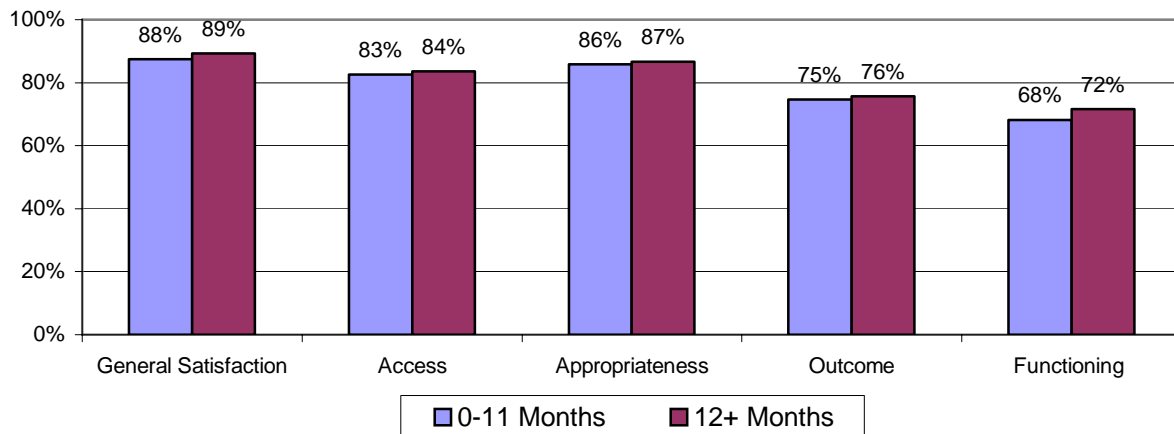
Figure 5: MH/SUD Consumer Satisfaction by Age



Did Satisfaction Differ by Length of Treatment?

No statistical difference was noted on any domain for consumers of mental health and substance abuse services based upon their length of treatment.

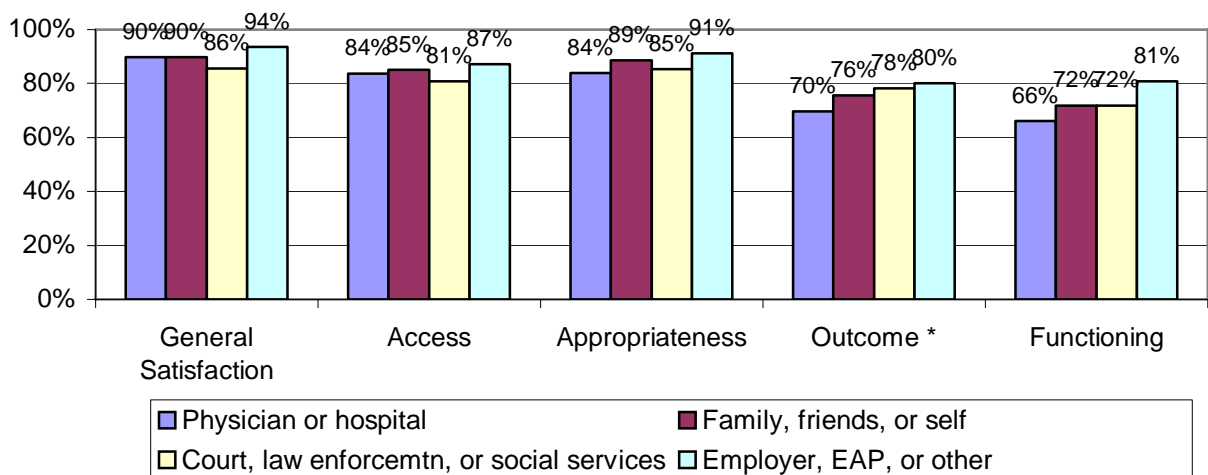
Figure 6: MH/SUD Consumer Satisfaction by Length of Treatment



Did Satisfaction Differ by Referral Source?

Consumers who were referred by a physician or hospital reported significantly lower percentages of positive perceptions in the Outcome domain. Those referred by an employer, EAP or “other” source reported higher percentages in all domains than those in the other three categories.

Figure 7: MH/SUD Consumer Satisfaction by Referral Source



Did Satisfaction Differ by Housing Situation?

No statistically significant difference was seen in the level of satisfaction on any domain between those consumers who had been homeless within the past six months and those who had not. However, those consumers who moved at least once reported significantly lower percentages of positive perceptions in the Outcome and Functioning domains than those who did not move in the past six months.

Figure 8: MH/SUD Consumer Satisfaction by Homelessness

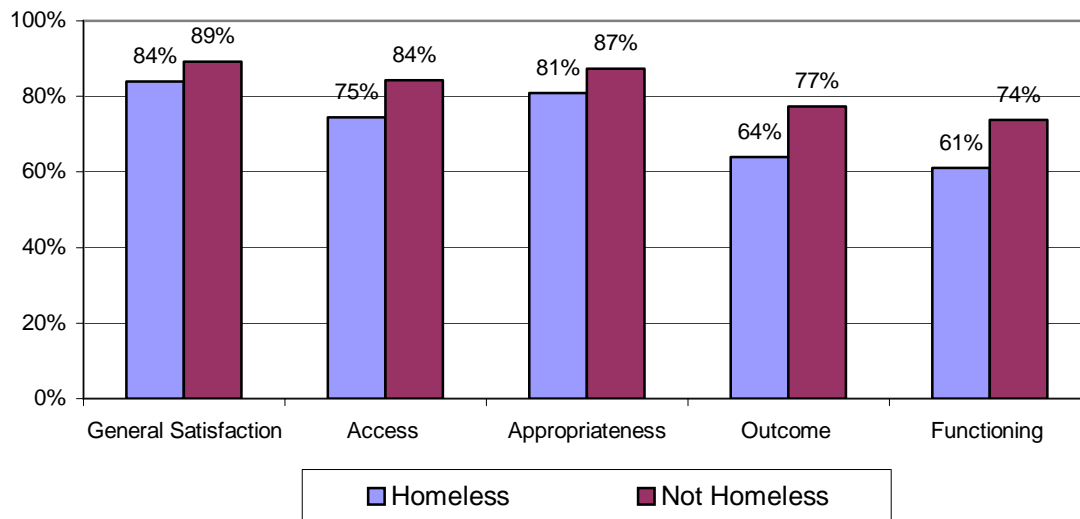
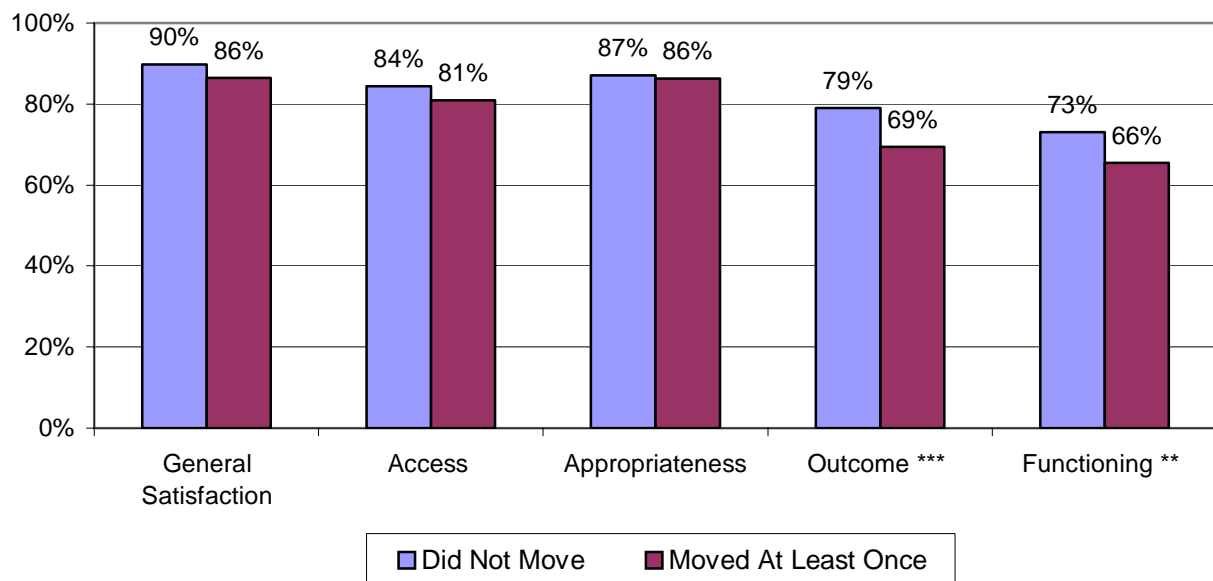


Figure 9: MH/SUD Consumer Satisfaction by Frequency of Moves



Did Satisfaction Differ by Involvement with the Criminal Justice System?

No statistically significant difference was seen in satisfaction levels between those who had been arrested within the past 12 months and those who had no criminal justice system involvement. Similarly, little difference was seen in satisfaction levels in most domains between those who had been arrested within the 12 months of the previous year and those who had no criminal justice system involvement in that same period. However, those who had involvement in the legal system in the previous year reported significantly higher levels in the Access domain.

Figure 10: MH/SUD Consumer Satisfaction by Criminal Justice System Involvement, Current Year

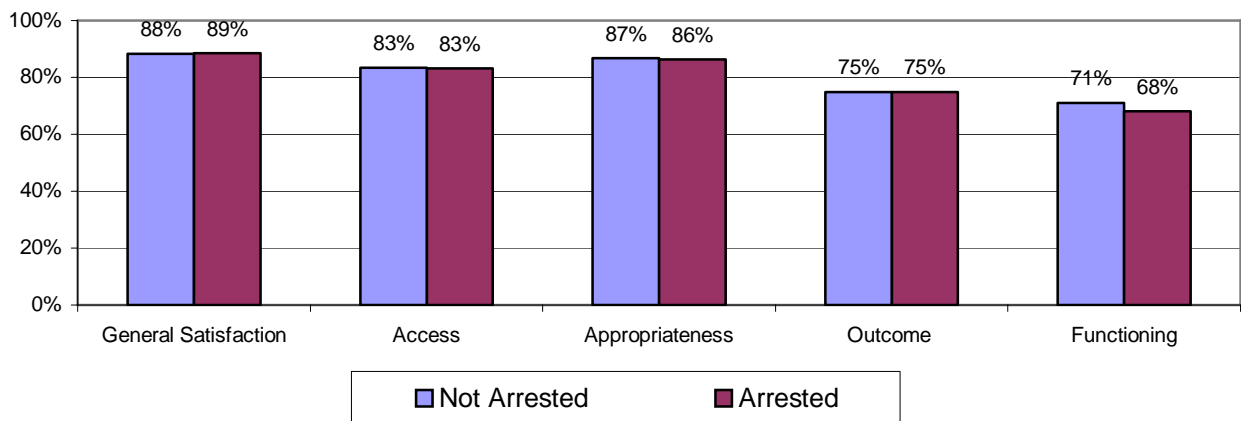
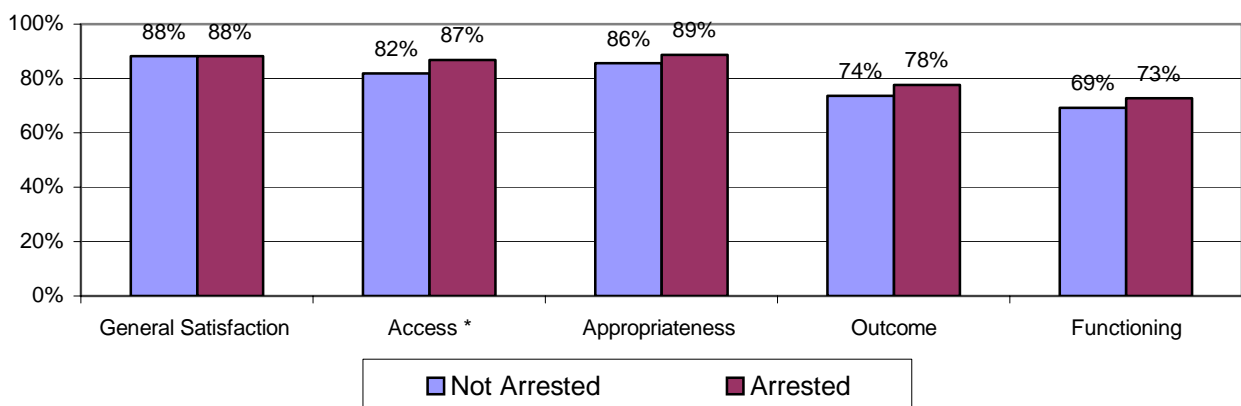


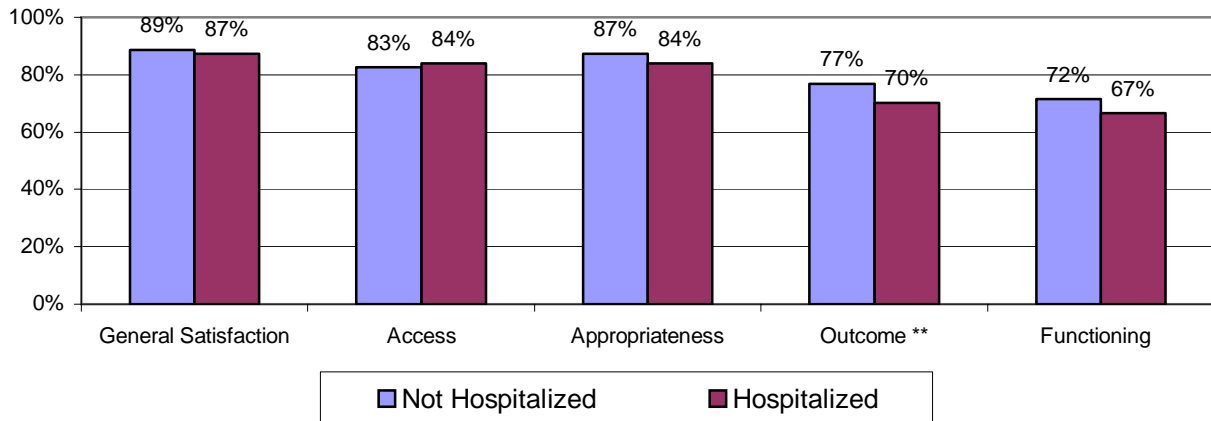
Figure 11: MH/SUD Consumer Satisfaction by Criminal Justice System Involvement, Previous Year



Did Satisfaction Differ by Psychiatric Hospitalization?

On most domains there was little difference in satisfaction levels between those MH/SUD consumers who had been in a psychiatric hospital or unit within the past 12 months and those who had not been hospitalized. However, those consumers who were hospitalized reported significantly lower satisfaction levels in the Outcome domain than those who were not hospitalized.

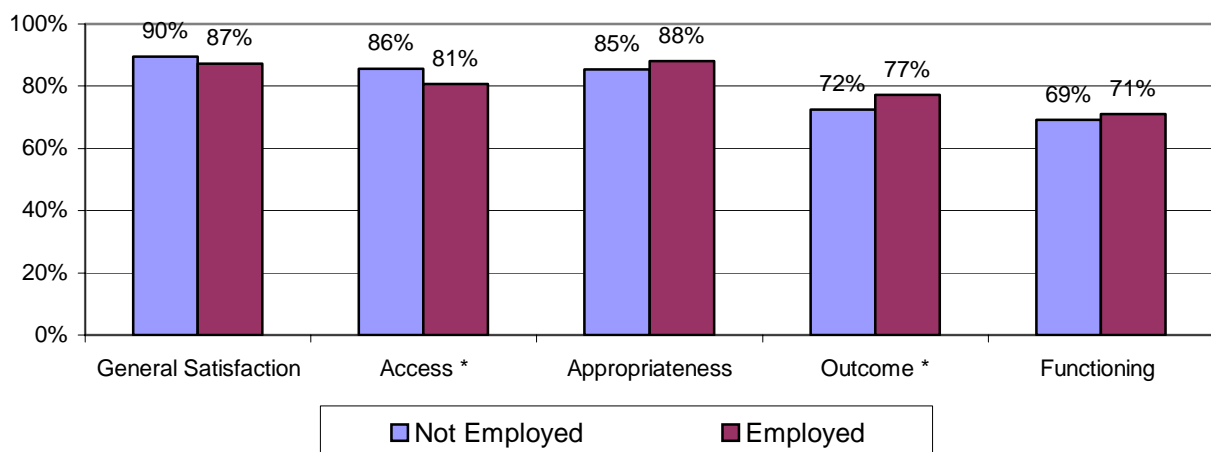
Figure 12: MH/SUD Consumer Satisfaction by Psychiatric Hospitalization



Did Satisfaction Differ by Employment?

Consumers who had paid employment within the past 12 months were significantly more likely to report positive perceptions in the Access and Outcome domains than those who had not been employed.

Figure 13: MH/SUD Consumer Satisfaction by Employment



Did Satisfaction Differ by Social Connectedness?

Consumers who felt that they have adequate support from family or friends in times of crisis were significantly more likely to express positive perceptions in all domains. Similarly, consumers who felt that they have people with whom they can do enjoyable things were significantly more likely to express positive perceptions in all domains than those who do not have such relationships.

Figure 14: MH/SUD Consumer Satisfaction by Crisis Support

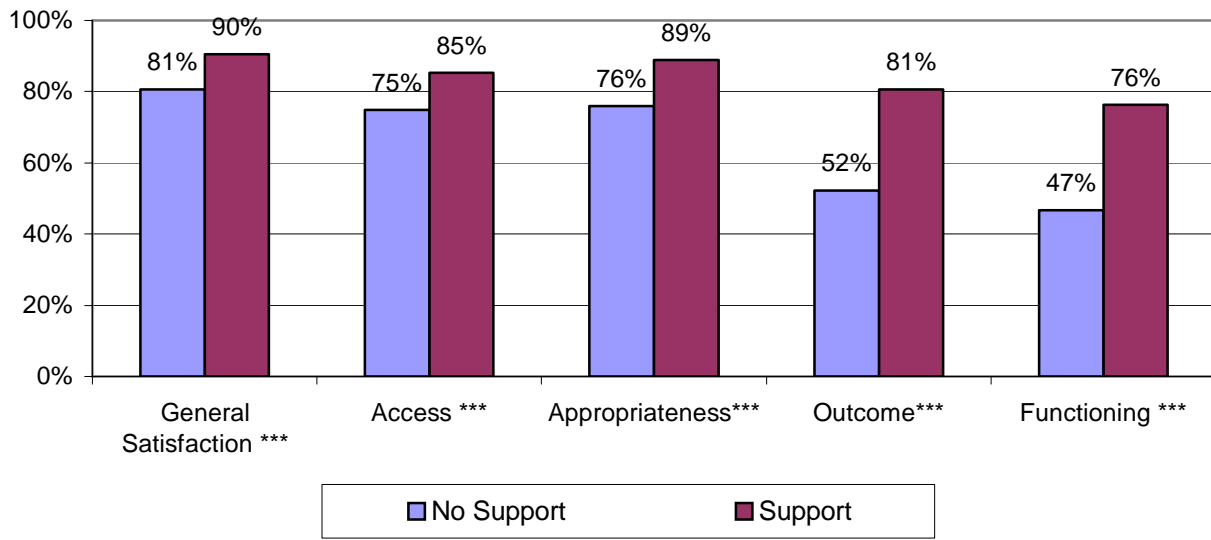
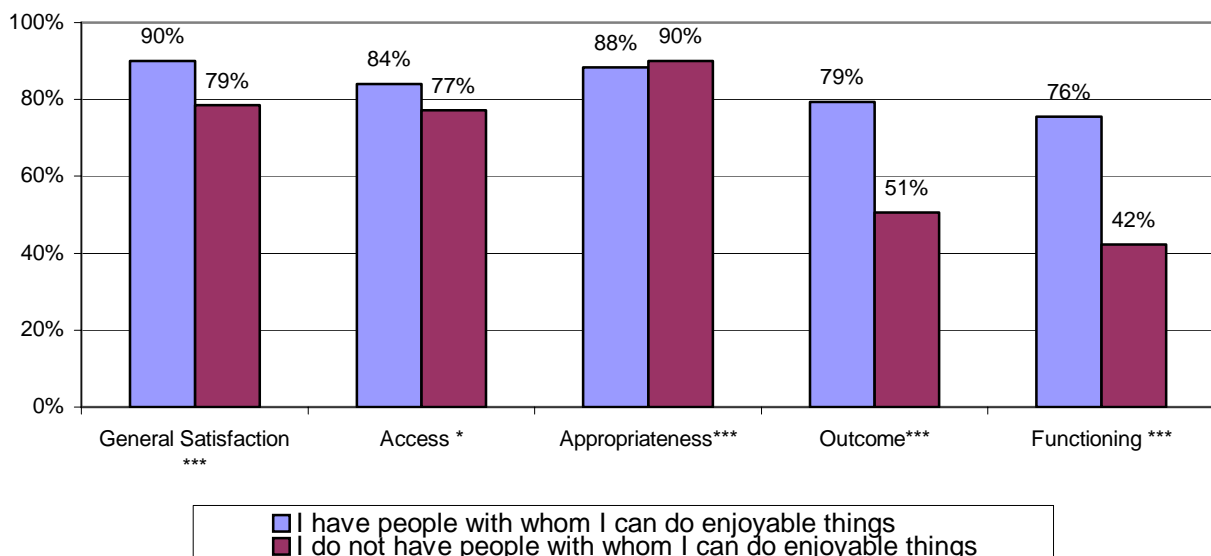


Figure 15: MH/SUD Consumer Satisfaction by Social Support



Consumers who felt that they were happy with their friendships were significantly more likely to express positive perceptions in all domains. Consumers who felt that they belong in their communities were significantly more likely to express positive perceptions in all domains

Figure 16: MH/SUD Consumer Satisfaction by Friendships

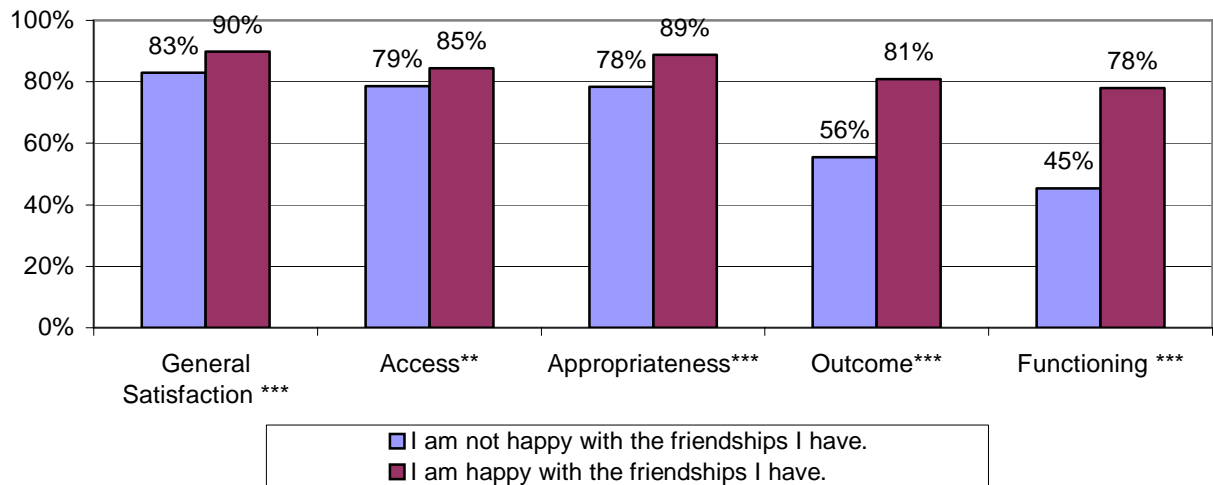
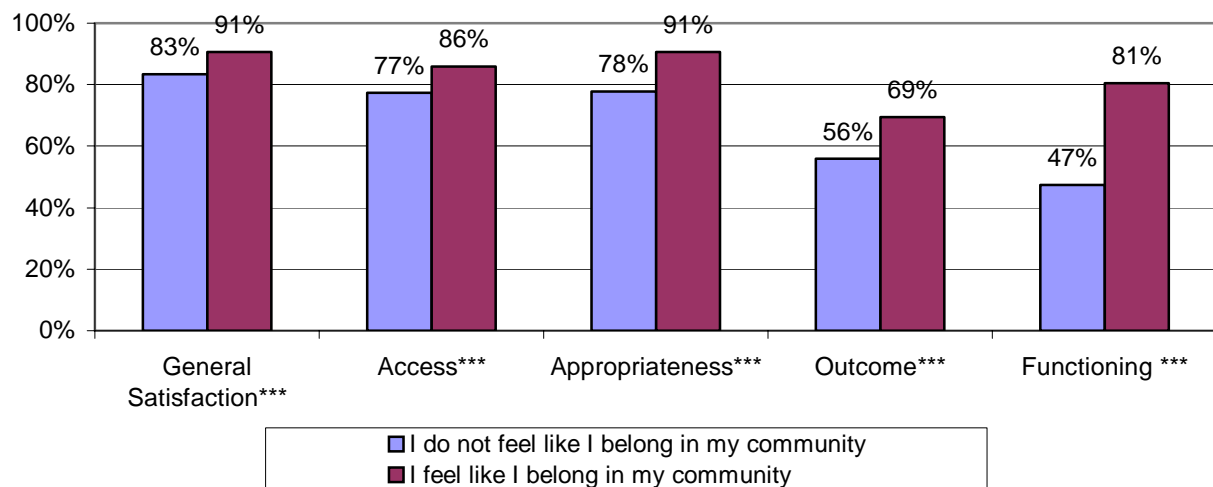


Figure 17: MH/SUD Consumer Satisfaction by Community Belonging

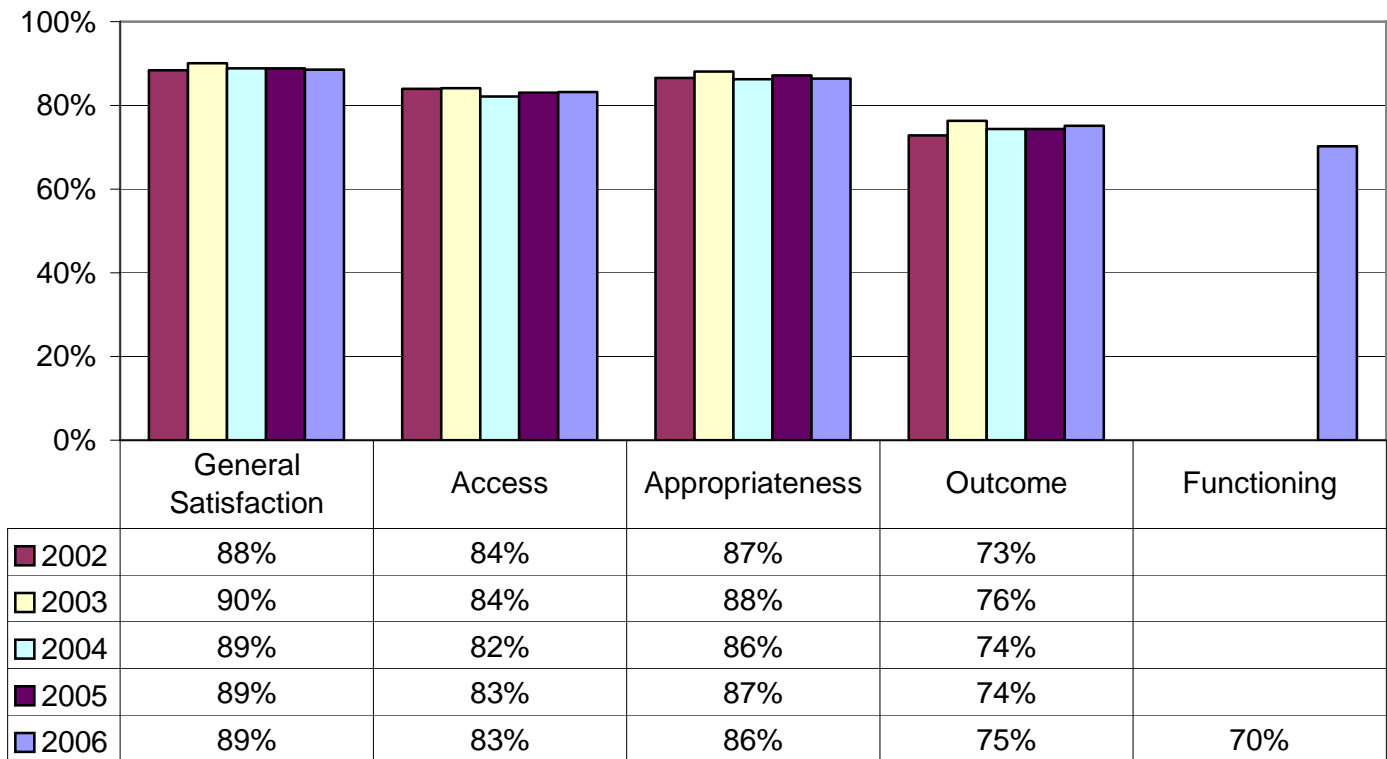


Consumer comment: “Am encouraged about my future- a direct result of my therapist and doctor.”

Trends Over Time

- The overall trend continues to be stable across all domains.

Figure 18: MH/SUD Consumer Satisfaction Trends, 2002-2006



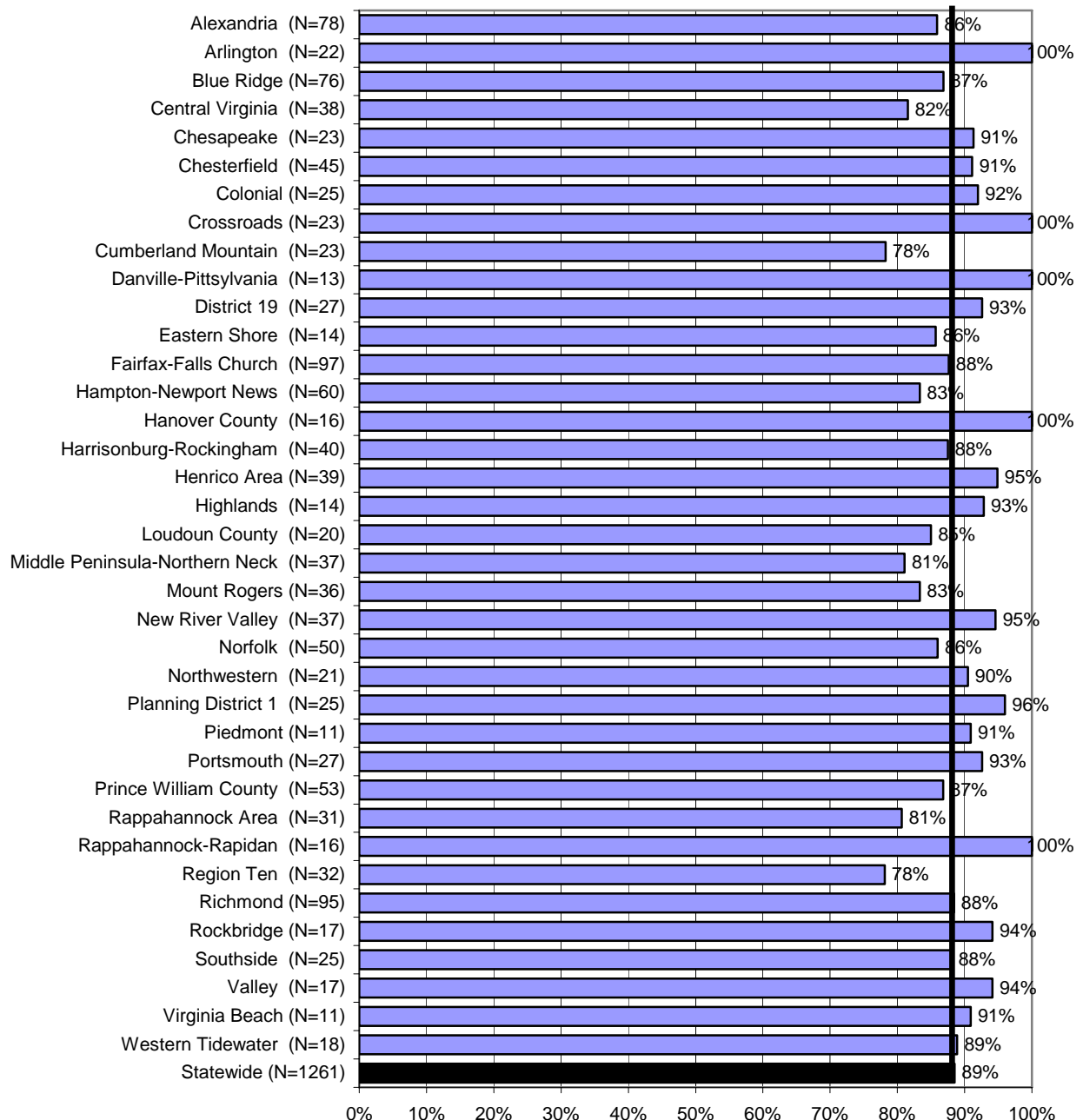
Consumer comments:

- **“Opportunity to work-I would like to see my case manager more often.”**
- **“This is a good resource and community center for people with mental health and alcohol/drug problems.”**

CSB Level Consumer Perception

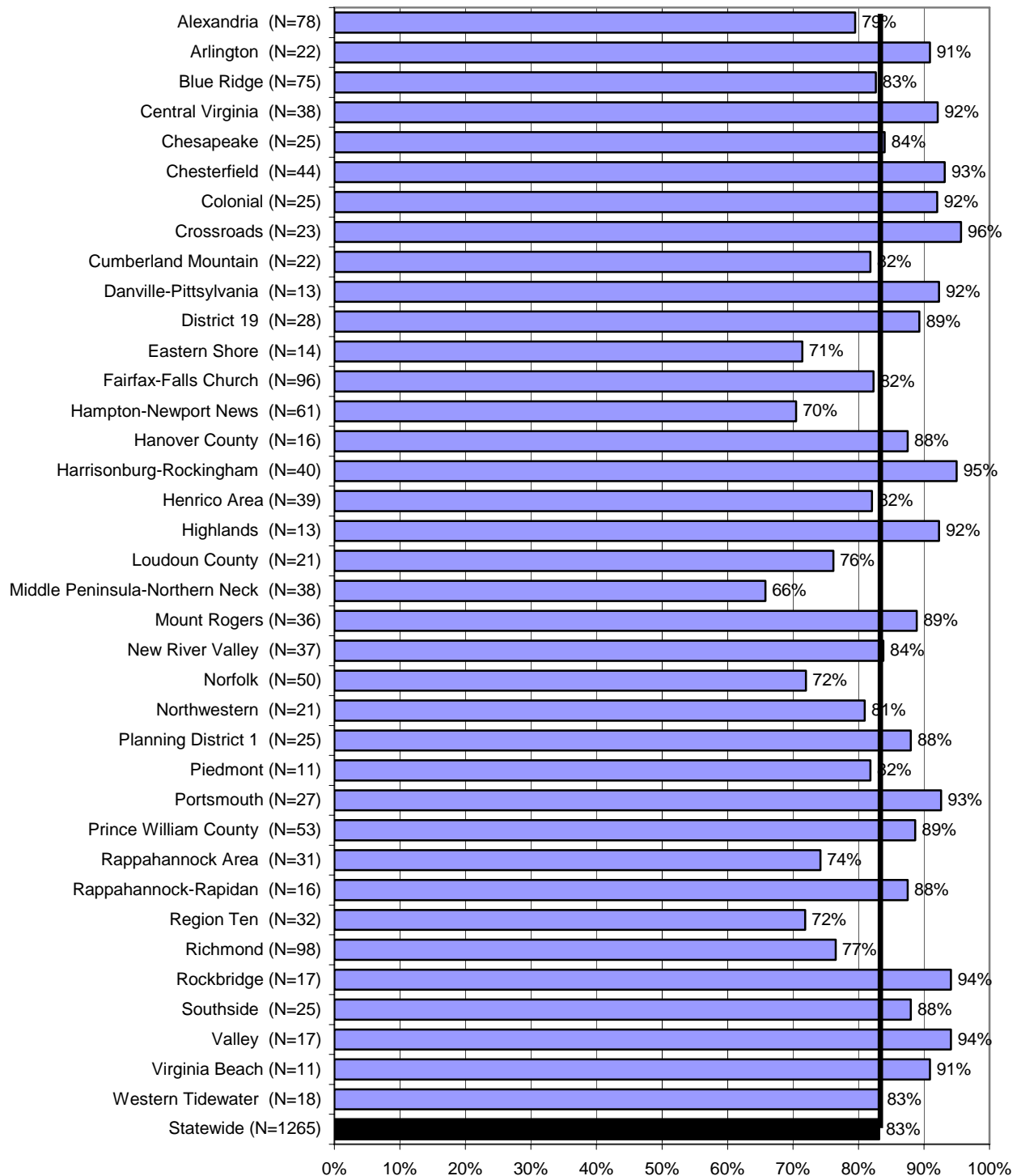
- Individual CSB ratings for the five indicator domains are presented in Figures 19-23.
- Only those CSBs with more than ten surveys for which the domain subscale could be calculated are presented in the graphs.
- Statewide average satisfaction percents are included for reference.

Figure 19: MH/SUD Consumer Satisfaction- General Satisfaction Domain by CSB



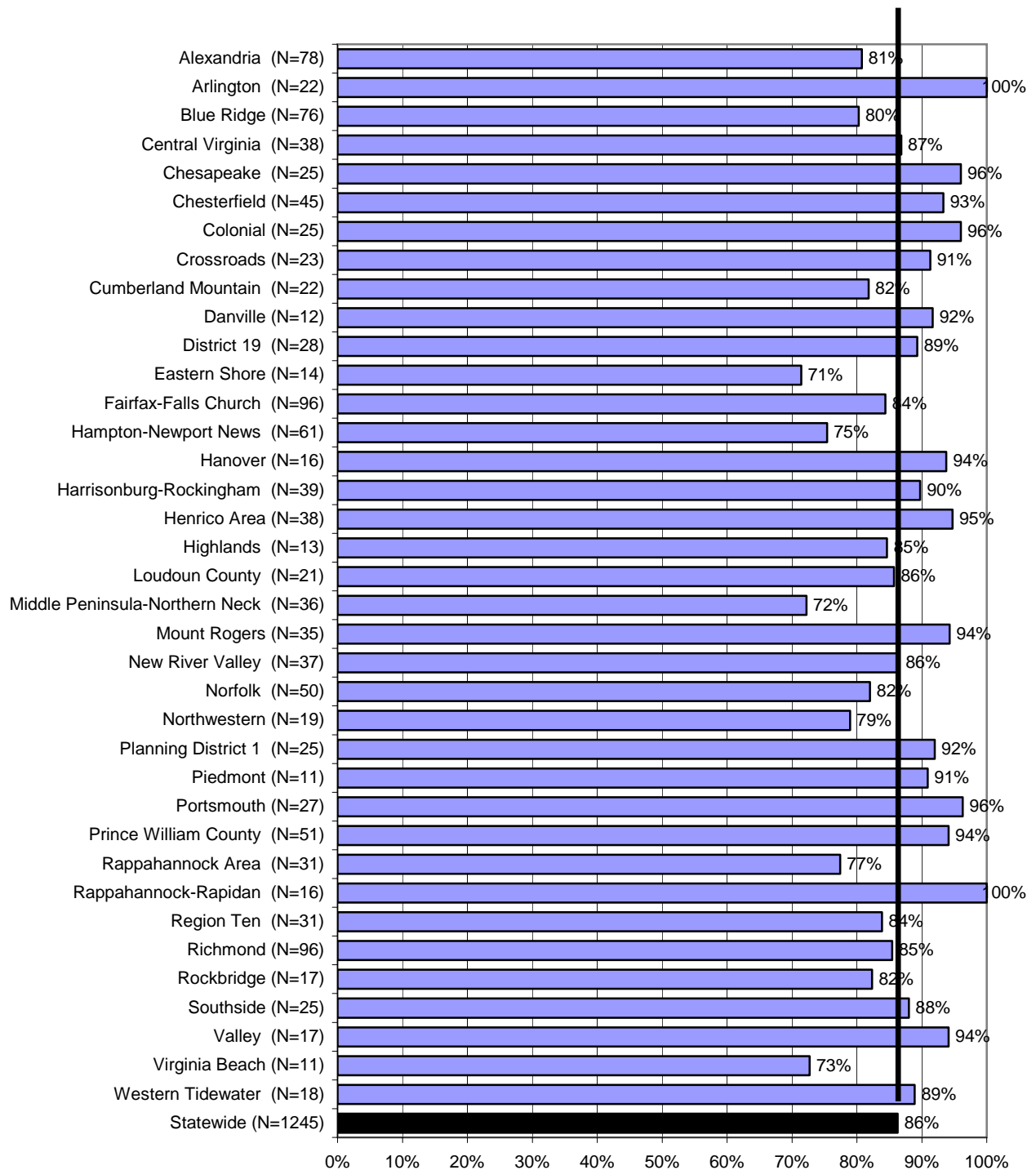
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 20: MH/SUD Consumer Satisfaction - Access Domain by CSB



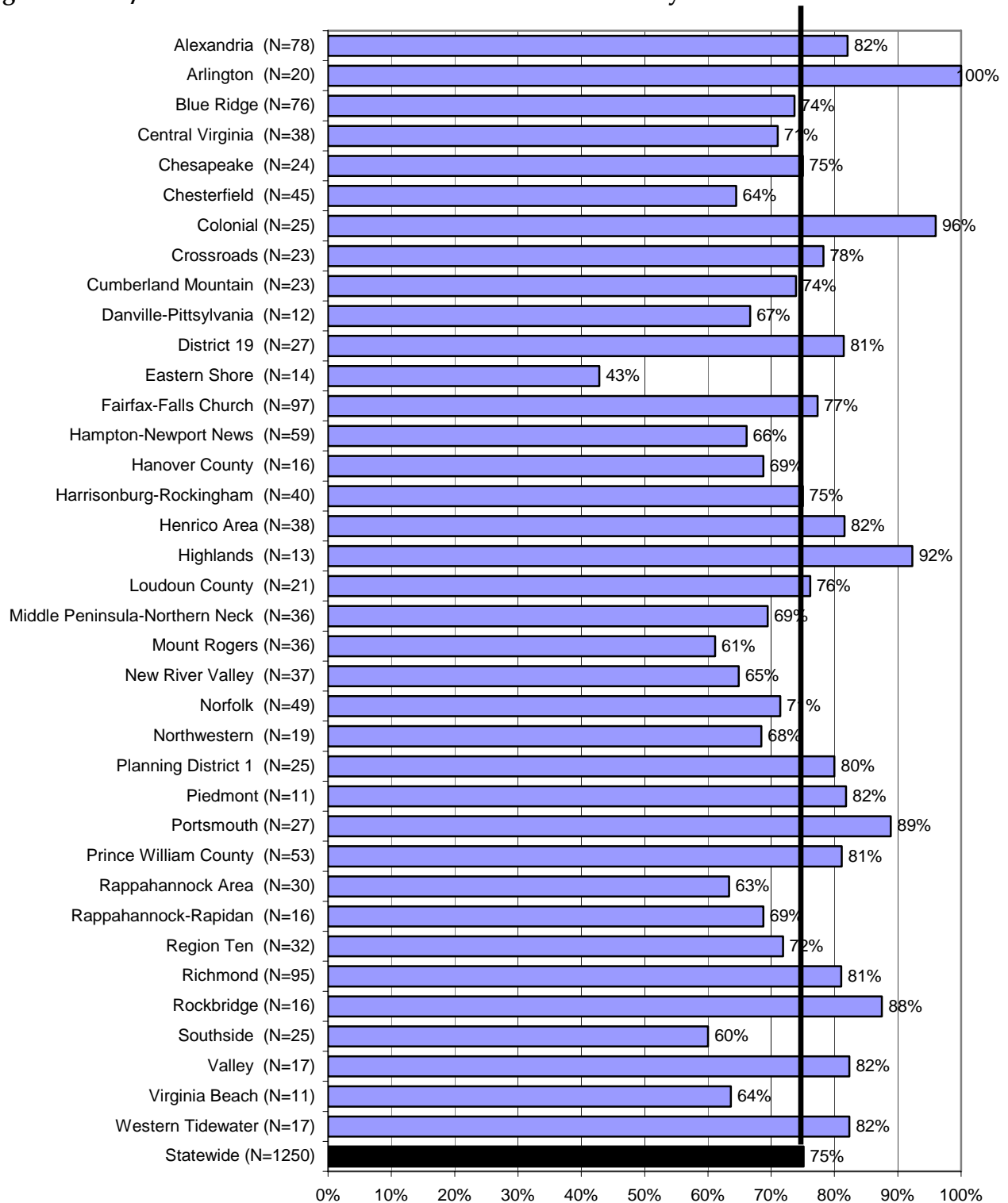
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 21: MH/SUD Consumer Satisfaction – Appropriateness Domain by CSB



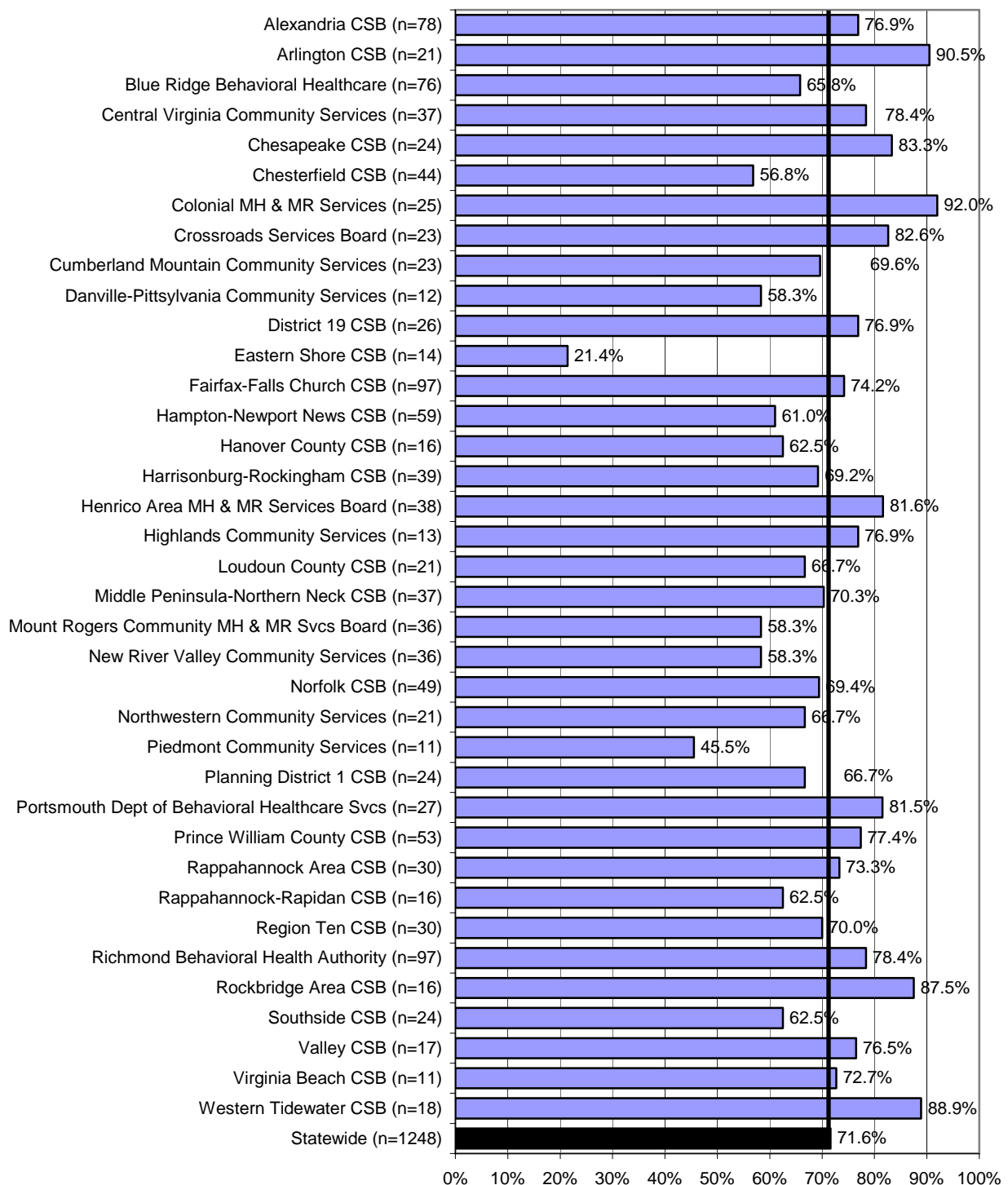
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 22: MH/SUD Consumer Satisfaction - Outcome Domain by CSB



Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 23: MH/SUD Consumer Satisfaction by CSB - Functioning Domain



Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Discussion

A majority of the MH/SUD consumers express satisfaction on all domains, and the percent satisfied remains stable over time. However, the variables associated with Social Connectedness appear to have a significant effect on satisfaction levels across domains, as discussed below.

Female consumers were significantly more likely to report positive perceptions in the Access domain. There were no significant differences in the percentages of positive perceptions between the race categories. Consumers of mental health and substance abuse services who claimed Hispanic ethnicity reported significantly lower perceptions in the General Satisfaction and Access domains than consumers of non-Hispanic ethnicity. No statistical difference was noted on any domain for consumers of mental health and substance abuse services in different age categories. No statistical difference was noted on any domain for consumers of mental health and substance abuse services based upon their length of treatment.

Consumers who reported being referred by a physician or hospital reported significantly lower percentages of positive perceptions in the Outcome domain. Those referred by an employer, EAP or “other” source reported higher percentages in all domains than those in the other three categories. No statistically significant difference was seen in the level of satisfaction on any domain between those consumers who had been homeless within the past six months and those who had not. However, those consumers who moved at least once reported significantly lower percentages of positive perceptions in the Outcome and Functioning domains than those who did not move in the past six months.

No statistically significant difference was seen in satisfaction levels between those who had been arrested within the past 12 months and those who had no criminal justice system involvement. Similarly, little difference was seen in satisfaction levels in most domains between those who had been arrested within the 12 months of the previous year and those who had no criminal justice system involvement in that same period. However, those who had involvement in the legal system reported significantly higher levels in the Access domain. On most domains there was little difference in satisfaction levels between those MH/SUD consumers who had been in a psychiatric hospital or unit within the past 12 months and those who had not been hospitalized. However, those consumers who were hospitalized reported significantly lower satisfaction levels in the Outcome domain than those who were not hospitalized.

Consumers who had paid employment within the past 12 months were significantly more likely to report positive perceptions in the Access and Outcome domains than those who had not been employed. Consumers who felt that they have adequate support from family or friends in times of crisis were significantly more likely to express positive perceptions in all domains. Similarly, consumers who felt that they have people with whom they can do enjoyable things were significantly more likely to express positive perceptions in all domains than those who do not have such relationships. Consumers who felt that they were happy with their friendships were significantly more likely to express positive perceptions in the Access, Appropriateness, Outcome, and Functioning domains. Consumers who felt that they belong in their communities were significantly more likely to express positive perceptions in all domains.

APPENDIX A

CONSUMER SURVEY 2006

In order to improve services, we need to know what you think about the services you receive at this clinic and the people who provide them.

Please indicate your agreement/disagreement with each of the following statements by filling in the circle that best represents your opinion. Choose ONE response. If the question is about something you have not experienced, fill in the "Does not Apply" circle (# 9 - last column), to indicate that this item does not apply to you.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
1. I like the services that I received here.	1	2	3	4	5	9
2. If I had other choices, I would still get services from this agency.	1	2	3	4	5	9
3. I would recommend this agency to a friend or family member.	1	2	3	4	5	9
4. The location of services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	9
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	9
6. Staff returned my call in 24 hours.	1	2	3	4	5	9
7. Services were available at times that were good for me.	1	2	3	4	5	9
8. I was able to get all the services I thought I needed.	1	2	3	4	5	9
9. Staff believe that I can grow, change and recover.	1	2	3	4	5	9
10. I feel comfortable asking questions about my treatment and medication.	1	2	3	4	5	9
11. I feel free to complain.	1	2	3	4	5	9
12. Staff told me what medication side effects to watch out for.	1	2	3	4	5	9
13. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	9
14. I, not staff, decided my treatment goals.	1	2	3	4	5	9
15. Staff were sensitive to my cultural background (race, religion, language, etc.)	1	2	3	4	5	9
16. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	9

	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
As a Direct Result of Services I received:						
17. I deal more effectively with daily problems.	1	2	3	4	5	9
18. I am better able to control my life.	1	2	3	4	5	9
19. I am better able to deal with crisis.	1	2	3	4	5	9
20. I am getting along better with my family.	1	2	3	4	5	9
21. I do better in social situations.	1	2	3	4	5	9
22. I do better in school and/or work.	1	2	3	4	5	9
23. My symptoms are not bothering me as much.	1	2	3	4	5	9
24. I am satisfied with my living arrangements.	1	2	3	4	5	9
25. I do things that are more meaningful to me.	1	2	3	4	5	9
26. I am better able to take care of my needs.	1	2	3	4	5	9
27. I am better able to handle things when they go wrong.	1	2	3	4	5	9
28. I am better able to do things that I want to do.	1	2	3	4	5	9
29. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	9

Additional Items

Please choose ONE response for each of the following questions:

1. What is your age?

☐ 18-20 ☐ 65-74

☐ 21-64 ☐ 75+

2. What is your gender?

☐ Female ☐ Male

3. What is your race?

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other

4. Are either of your parents hispanic or latino?

☐ Yes

☐ No

5. What is the primary reason you are receiving services from this organization?

☐ Emotional/Mental health

☐ Alcohol or drugs

☐ Both emotional/mental health and alcohol/drugs

6. Who referred you (suggested that you come) to our organization?

☐ Physician or hospital

☐ Family or friends or self-referred

☐ Court, law enforcement, or social services

☐ Employer, EAP or other

7. How long have your received services from this organization?

☐ 0 to 5 months

☐ 6-11 months

☐ 12 months to 2 years

☐ More than 2 years

Please answer the following questions.

8. In a crisis, I would have the support I need from family or friends?

☐ Yes ☐ No

9. I have people with whom I can do enjoyable things?

☐ Yes ☐ No

10. I am happy with the friendships I have?

☐ Yes ☐ No

11. I feel I belong in my community?

☐ Yes ☐ No

12. Were you working at a paid job in the last 12 months?

☐ Yes ☐ No

13. Were you in a psychiatric hospital in the last 12 months?

☐ Yes ☐ No

14. Were you arrested during the past 12 months?

☐ Yes ☐ No

☐ Yes ☐ No

15. Were you arrested during the 12 months prior to that?

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16. How many times have you moved in the last 6 months?

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17. How many days have you been homeless in the last 6 months?

Please provide any other comments you have about this organization and the services you have received

APPENDIX B

Internet Resources

- ❖ National Association of State Mental Health Program Directors (NASMHPD):
<http://www.nasmhpd.org>
- ❖ National Technical Assistance Center (NTAC) for State Mental Health Planning:
<http://www.nasmhpd.org/ntac.cfm>
- ❖ National Association of State Mental Health Program Directors Research Institute:
<http://www.nri-inc.org/>
- ❖ National Institute of Mental Health (NIMH) home page: <http://www.nimh.nih.gov/>
- ❖ Substance Abuse & Mental Health Services Administration (SAMHSA):
<http://www.samhsa.gov/>
- ❖ Center for Mental Health Services (CMHS) Home Page:
<http://www.mentalhealth.samhsa.gov/cmhs>
- ❖ The Evaluation Center @ HSRI: <http://tecathsri.org>
- ❖ National Alliance for the Mentally Ill (NAMI): <http://www.nami.org>
- ❖ National Mental Health Association (NMHA): <http://www.nmha.org>
- ❖ National Association of State Alcohol and Drug Abuse Directors <http://www.nasadad.org/>
- ❖ SAMHSA's National Mental Health Information Center: www.mentalhealth.samhsa.gov
- ❖ Department of Health & Human Services: <http://www.os.dhhs.gov/>
- ❖ National Mental Health Services ' Knowledge Exchange Network:
<http://www.mentalhealth.org/>
- ❖ Mental Health Statistics Improvement Program (MHSIP): <http://www.mhsip.org/>
- ❖ Mental Health Related Federal Agencies:
 - FedWorld Information Network: <http://www.fedworld.gov/>
 - Library of Congress World Wide Web: <http://www.loc.gov>
 - National Center for Health Statistics: <http://www.cdc.gov/nchs>
 - National Clearinghouse for Alcohol & Drug Information:
<http://ncadi.samhsa.gov/default.aspx>
 - National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/>
 - National Institute on Alcohol Abuse and Alcoholism <http://www.niaaa.nih.gov>